

SERFF Tracking Number: UTCX-125694619 State: Arkansas  
First Filing Company: Utica Mutual Insurance Company, ... State Tracking Number: EFT \$50  
Company Tracking Number: WC AR09846CGR01  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: Workers Compensation/WC AR09846CGR01

## Filing at a Glance

Companies: Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company  
Product Name: Workers Compensation SERFF Tr Num: UTCX-125694619 State: Arkansas  
TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50  
Sub-TOI: 16.0004 Standard WC Co Tr Num: WC AR09846CGR01 State Status: Fees verified and received  
Filing Type: Rate/Rule Co Status: Reviewer(s): Betty Montesi, Carol Stiffler  
Author: SPI UticaNational Disposition Date: 06/13/2008  
Date Submitted: 06/13/2008 Disposition Status: Approved  
Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008  
Effective Date Requested (Renewal): Effective Date (Renewal):  
State Filing Description:

## General Information

Project Name: Workers Compensation Status of Filing in Domicile:  
Project Number: WC AR09846CGR01 Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 06/13/2008 Deemer Date:  
State Status Changed: 06/13/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
With this filing we are adopting NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes as set forth in Circular CIF-2008-07.

## Company and Contact

### Filing Contact Information

Tina Cirelli, Senior State Filings Coordinator tina.cirelli@uticanational.com

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180 Genesee Street (315) 734-2129 [Phone]  
New Hartford, NY 13413 (315) 734-2252[FAX]

**Filing Company Information**

Utica Mutual Insurance Company CoCode: 25976 State of Domicile: New York  
180 Genesee Street Group Code: 201 Company Type:  
New Hartford, NY 13413 Group Name: Utica National State ID Number:  
Insurance Group  
(315) 734-2000 ext. [Phone] FEIN Number: 15-0476880  
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Graphic Arts Mutual Insurance Company CoCode: 25984 State of Domicile: New York  
180 Genesee Street Group Code: 201 Company Type:  
New Hartford, NY 13413 Group Name: Utica National State ID Number:  
Insurance Group  
(315) 734-2000 ext. [Phone] FEIN Number: 13-5274760  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Utica Mutual Insurance Company	\$50.00	06/13/2008	20837183

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/13/2008	06/13/2008

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## Disposition

Disposition Date: 06/13/2008  
 Effective Date (New): 09/01/2008  
 Effective Date (Renewal):  
 Status: Approved  
 Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Utica Mutual Insurance Company	%	\$		\$	%	%	%
Graphic Arts Mutual Insurance Company	%	\$		\$	%	%	%

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%  
 Overall Percentage Rate Impact For This Filing 0.000%  
 Effect of Rate Filing-Written Premium Change For This Program \$0  
 Effect of Rate Filing - Number of Policyholders Affected 0

*SERFF Tracking Number:* UTCX-125694619      *State:* Arkansas  
*First Filing Company:* Utica Mutual Insurance Company, ...      *State Tracking Number:* EFT \$50  
*Company Tracking Number:* WC AR09846CGR01  
*TOI:* 16.0 Workers Compensation      *Sub-TOI:* 16.0004 Standard WC  
*Product Name:* Workers Compensation  
*Project Name/Number:* Workers Compensation/WC AR09846CGR01

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:** Prior Approval  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** Neutral  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

**Company Rate Information**

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Utica Mutual Insurance Company	%	%				%	%
Graphic Arts Mutual Insurance Company	%	%				%	%

**Overall Rate Information for Multiple Company Filings**

**Overall % Rate Indicated:**  
**Overall Percentage Rate Impact For This Filing:**  
**Effect of Rate Filing - Written Premium Change For This Program:** \$0

<i>SERFF Tracking Number:</i>	<i>UTCX-125694619</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Utica Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>WC AR09846CGR01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation/WC AR09846CGR01</i>		

**Effect of Rate Filing - Number of Policyholders Affected:** 0



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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 06/13/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC RATE RULE FILING SCHEDULE.PDF

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 06/13/2008  
**Bypass Reason:** Not applicable to this filing.

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 06/13/2008  
**Bypass Reason:** Not applicable to this filing.  
**Comments:**

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">New Business</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Renewal Business</td> <td style="border: none;"></td> </tr> </table> f. State Filing #: g. SERFF Filing #: h. Subject Codes	New Business		Renewal Business	
New Business					
Renewal Business					

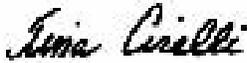
<b>3. Group Name</b>	<b>Group NAIC #</b>
Utica National Insurance Group	0201

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Utica Mutual Insurance Company	NY	25976	15-0476880	
Graphic Arts Mutual Insurance Company	NY	25984	13-5274760	

<b>5. Company Tracking Number</b>	WC AR09846CGR01
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Tina D. Cirelli 180 Genesee Street New Hartford NY 13413	Senior State Filings Coordinator	800-274-1914 Ext. 2129	315-734-2252	tina.cirelli@uticanational.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Tina D. Cirelli

**Filing Information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	16.0 Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	16.0004 Standard WC
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>	
<b>12. Company Program Title (Marketing Title)</b>	AR- Adoption of NCCI Item Filing B-1407
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 09/01/2008      Renewal: 09/01/2008
<b>15. Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16. Reference Organization (if applicable)</b>	NCCI
<b>17. Reference Organization # &amp; Title</b>	Item B-1407
<b>18. Company's Date of Filing</b>	6/13/2008
<b>19. Status of filing in domicile</b>	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR09846CGR01
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing we are adopting NCCI Item Filing B-1407 - Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes as set forth in Circular CIF-2008-07.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<b>Check #:</b> N/A Sending EFT Via SERFF <b>Amount:</b> \$50.00
	<b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b>

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

## PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

**(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	WC AR09846CGR01
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	N/A
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Rate Increase     
  Rate Decrease     
  Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
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4a. Rate Change by Company (As Proposed)							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Utica Mutual Insurance Company	0	0	0	0	0	0	0
Graphic Arts Mutual Insurance Company	0	0	0	0	0	0	0

4b. Rate Change by Company (As Accepted) For State Use Only							
Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)	0	
5b.	Overall percentage rate impact for this filing	0	
5c.	Effect of Rate Filing – Written premium change for this program	0	
5d.	Effect of Rate Filing - Number of policyholders affected	N/A	

<b>6.</b>	Overall percentage of last rate revision	0
<b>7.</b>	Effective Date of last rate revision	N/A
<b>8.</b>	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	